2000 UNIFORM BUSINESS REPORT (UBR)

3/.

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-15-2000 90128 041 ****61.25

DOCUMENT # N07386

1. Entity Name

LEGACY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
C/O AL AND VERA SCHREINER 1100 REVERE DR. OCONOMOWOC WI 53066	C/O AL AND VERA SCHREINER 1100 REVERE DR. OCONOMOWOC WI 53066-4425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1999 Shadow Lake Road	
Suite, Apt. #, etc.: P.O. Box 37	Suite, Apt. #, etc.: P.O. Box 37
City & State: Lower Waterford, Vermont	City & State: Lower Waterford, VT
Zip: 05848-0037 / Country: USA	Zip: 05848-0037 / Country: USA

4. FEI Number: 39-1510400 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VETTER, CHESTER W. 201 FLETCHER LANE PLANT CITY FL	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	PD	Co-Chairman	☒ Change ☐ Addition
NAME	TIRRELL, ROBERT		NAME	Ted Vaile	
STREET ADDRESS	P O BOX 37 N/A		STREET ADDRESS	RR#4 Box 252	
CITY-ST-ZIP	LOWER WATERFORD VT 05848-0037		CITY-ST-ZIP	Peru - IN 46970	
TITLE	PD	☒ Delete	PD	Co-Charman	☒ Change ☐ Addition
NAME	TIRRELL, PEG		NAME	Betty Vaile	
STREET ADDRESS	P O BOX 37 N/A		STREET ADDRESS	RR 4 Box 252	
CITY-ST-ZIP	LOWER WATERFORD VT 05848-0037		CITY-ST-ZIP	Peru - IN 46970	
TITLE	VD	☒ Delete	PD	Co-Chairman	☒ Change ☐ Addition
NAME	VAILE, TED		NAME	John Charman	
STREET ADDRESS	RT 4 BOX 252		STREET ADDRESS	1255 Millburn Crescent	
CITY-ST-ZIP	PERU IN 46970		CITY-ST-ZIP	Cumberland, ON CANADA K4C 1C9	
TITLE	VD	☒ Delete	PD	Co-Chairman	☒ Change ☐ Addition
NAME	VAILE, BETTY		NAME	Wendy VanderMeulen	
STREET ADDRESS	RT 4 BOX 252		STREET ADDRESS	1255 Millburn Crescent	
CITY-ST-ZIP	PERU IN 46970		CITY-ST-ZIP	Cumberland, ON K4C 1C9 CANADA	
TITLE	SD	☒ Delete	TITLE SD	Executive Secretary	☒ Change ☐ Addition
NAME	SCHREINER, VERA		NAME	Peg Tirrell	
STREET ADDRESS	1100 REVERE DR		STREET ADDRESS	PO Box 37	
CITY-ST-ZIP	OCONOMOWOC WI		CITY-ST-ZIP	Lower Waterford, VT-05848-0037	
TITLE	SD	☒ Delete	TITLE SD	Executive Secretary	☒ Change ☐ Addition
NAME	SCHREINER, AL		NAME	Doc Tirrell	
STREET ADDRESS	1100 REVERE DR		STREET ADDRESS	Po Box 37	
CITY-ST-ZIP	OCONOMOWOC WI		CITY-ST-ZIP	Lower Waterford, VT 05848-0037	

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Peg Tirrell — March 12, 00 — 802-748-8538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #